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Application Number	
Filing Date	
First Named Inventor	Claus FROHBERG
Title	Plants with increased activity of a
Art Unit	
Examiner Name	
Attorney Docket Number	

I hereby revoke all previous powers of attorney given in the above-identified application.

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<input type="checkbox"/> Firm or Individual Name	Claus FROHBERG
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<input type="checkbox"/> Address	Pilzwald 17
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<input type="checkbox"/> City	Kleinmachnow	<input type="checkbox"/> State		<input type="checkbox"/> Zip	14532
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I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature		Date	2. August 2006
Name	Claus FROHBERG	Telephone	
Title and Company	Inventor, Bayer BioScience GmbH		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

*Total of 1 forms are submitted.

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